

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4490AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/02/2008
NAME OF PROVIDER OR SUPPLIER SPENCER LUXURY CARE, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 1951 PAPAGO LANE LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG Y 000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG Y 000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual State Licensure survey and bed increase survey conducted at your facility on 10/02/08.</p> <p>This survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility is licensed for six (6) total beds. The facility is requesting a bed increase for ten (10) total beds.</p> <p>The facility was licensed as a six (6) beds, Residential Facility for Groups which provides care to persons with Alzheimer's disease, Category II residents. The facility is requesting a bed increase as a ten (10) beds, Residential Facility for Groups which provides care to persons with Alzheimer's disease, Category II residents.</p> <p>The census at the time of the survey was five (5) residents.</p> <p>Five (5) of five (5) resident files were reviewed.</p> <p>Three (3) of three (3) employee files were reviewed.</p> <p>There were no complaints investigated during the survey.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal,</p>		<p>RECEIVED FEB 17 2009 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p> <p><i>Acceptable Plan of Correction</i> <i>2/18/09</i> <i>Donald W. Jensen</i></p>	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Josephine [Signature]</i>	Administrator	2/17/09

STATE FORM 6899 XP6R11 If continuation sheet 1 of 6

(1)

SPENCER LUXURY CARE	PLAN OF CORRECTION	RESPONSE TO
1951 Papago Lane	2/17/09	10/02/2008
Las Vegas, Nevada 89109		

RECEIVED

FEB 17 2009

BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

Y885 449.2742(9) Medication/Destruction

NAC 449.2742

9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials. Bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.

This regulation is not met as evidenced by:

Based on observation and interview on 10/2/08, the facility failed to destroy medications after they were discontinued.

Findings include:

On 10/02/08 at 3:40 PM Resident #3's (admit date 1/10/08 medication container had a blister pack of 30 milligram Prevacid not listed on the Medication Administration Record. Interview with Employee #3 (hire date 09/10/1998), the facility's administrator, revealed the Prevacid was discontinued by the doctor when the patient was discharged from the hospital on 1/09/08. At the time of the survey, Employee #3 asked Employee #1 (hire date 8/02/07) to removed the Prevacid medication from Resident #3's medication by flushing it down the toilet.

(2)

WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:

In order to become compliant with the regulation pertaining to medication destruction, the medication Prevacid of Resident #3 was discarded at the time of the survey on October 2, 2008.

HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME PRACTICE AND WHAT ANTICIPATED CORRECTIVE ACTION WILL BE TAKEN:

RECEIVED

FEB 17 2009

BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

All residents have the potential to be affected by the alleged practice. The specific corrective action adequately addresses other residents.

WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR:

The administrator of the facility will ensure that medication will be destroyed or flushed in the toilet when medication is discontinued.

INDIVIDUAL RESPONSIBLE:

The Administrator is responsible.

Y994 449.2756(1)(e) Alzheimer's fac. Knives

NAC 449.2756

(1) The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:

(e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.

(3)

This Regulation is not met as evidenced by:

The facility failed to ensure that knives that constitute a danger were inaccessible to the residents.

RECEIVED

FEB 17 2009

BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

Findings include:

On 10/02/08 at 1:30 PM during the initial tour of the facility, knives were observed in an unlocked drawer in the kitchen. Employee #1 (hire date 8/02/07) transferred the knives to an adjacent locked drawer during the survey.

WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:

In order to become compliant with the regulation, at the time of the survey the knives were placed in the locked drawer in the kitchen. The drawer is always locked so that residents can not access the knives.

ATTACHMENT ONE (1)

HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME PRACTICE AND WHAT ANTICIPATED CORRECTIVE ACTION WILL BE TAKEN:

All residents have the potential to be affected by the alleged practice. The specific corrective action adequately addresses other residents.

WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR:

The administrator of Spencer Luxury Care will ensure that the facility knives remains locked at all times in compliance with the regulation.

(4)

INDIVIDUAL RESPONSIBLE:

The administrator is responsible.

RECEIVED

FEB 17 2009

BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

Y999 449.2754(1)(g) Alzheimer's Facility

NAC 449.2756

1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:

(g) All toxic substances are not accessible to the residents of the facility.

This Regulation is not met as evidenced by:

Based on observation the facility failed to ensure that all toxic substances were not accessible to the residents of the facility.

Findings include:

On 10/02/08 at 1:25 PM the surveyor observed unsecured shampoo, lotion and other toiletries in bathroom #3.

WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?

In order to become compliant with the regulations, the administrator of Spencer Luxury Care provides a locked cabinet to ensure that toxic solutions and cleaners will be locked at all times.

ATTACHMENT TWO (2)

HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO AFFECTED BY THE SAME PRACTICE AND WHAT ANTICIPATED CORRECTIVE ACTION WILL BE TAKEN.

All residents have the potential to be affected by the alleged practice. The specific corrective action adequately addresses other residents.

(5)

WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR:

The administrator of Spencer Luxury Care will ensure that all toxic substances such as lotions, shampoos, and other toiletries will be kept in the locked cabinet at all times.

RECEIVED

FEB 17 2009

BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

INDIVIDUAL RESPONSIBLE:

The administrator is responsible.

YA930 449.2749(1)(a-j) Resident File

NAC 449.2749

1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The facility must contain all records, letters, assessments, medical information and any other information related to resident, including without limitation:

(a) The full name, address, date of birth and social security number of the resident.

(b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him.

© A statement of the resident's allergies, if any, and any special diet or medication he requires.

(d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes:

(1) A description of any medical conditions which require the performance of medical services;

(2) The method in which those services must be performed; and

RECEIVED

FEB 17 2009

BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

(6)

- (3) A statement of whether the resident is capable of performing the required medical services.
- (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.
- (f) The types and amounts of protective supervision and personal services needed by the resident.
- (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation:
- (1) Upon admission of the resident;
 - (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and
 - (3) In any event, not less than once each year
- (h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or representative of the resident.
- (i) The name and telephone number of the vendors and medical professionals that provide services for the resident.
- (j) A document signed by the administrator of the facility when resident permanently leaves the facility.

This Regulation is not met as evidenced by:

Based on the document review the facility failed to ensure resident files contained all documents(#5)

Findings include:

The facility lacked a separate file for Resident #5 (admit date 5/11/08). However the facility provided a resident file that contained documents all from another Group home, which was different than where the resident was currently residing.

RECEIVED

FEB 17 2009

BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

(7)

WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?

In order to become compliant with the regulation pertaining to admission agreement of Resident #5, the admission agreement was signed by Kathleen Buchanan, Public Guardian of Resident #5.

ATTACHMENT THREE (3)

HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME PRACTICE AND WHAT ANTICIPATED CORRECTIVE ACTION WILL BE TAKEN:

All residents have the potential to be affected by the alleged practice. The specific corrective action adequately addresses other residents.

WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYTEMIC CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR:

The administrator of Spencer Luxury Care will maintained the resident's file and audit and update the files constantly so that all requirements will be met and carried on in timely manner.

INDIVIDUAL RESPONSIBLE:

The Administrator is responsible.